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Original Communications.

A CASE OF CEREBRAL CONGESTION, WITH PECULIAR
REACTION OF THE SUPRA-ORBITAL NERVE.

By D. F. LINCOLN, M.D., Physician to Dispensary for Diseases of the Nervous System.

Read before the Suffolk District Medical Society, Dec. 28, 1872.

THE case which I am about to describe is chiefly interesting on account of a singular, and, as far as I know, an unique electric reaction, apparently presented by the supra-orbital nerve while under the influence of the galvanic current, and transmitted in some way to the central organ of vision. But, before describing this reaction, let me repeat at some length the patient's case, which gives a clear and interesting—though not an unusual—history of cerebral congestion.

The patient is 45 years old, has always been a bachelor, and his trade is to press tailors' work with an iron "goose" weighing fifteen pounds. His habits have always been perfectly correct. In intelligence, he is much above the workmen he associates with.

His health has always been good until about the first of January, 1872. He thinks he had been overtasking his mind, especially on Sundays, in the care and instruction of a Sunday-school class of boys, and other matters of a similar sort. At any rate, about the beginning of the year, he began to notice a numbness in his left hand and arm, and afterwards in his leg, which soon passed away, and he felt well again.

In the early part of May, he began, as he expressed it, "to see colors"; that is, shapeless, cloud-like masses of color rolling before his sight. This was especially the case in the dark, but would also occur in the light; and shutting his eyes seemed to make no difference. He was subsequently troubled by nightly visions of all sorts of hideous spectral objects, which prevented sleep. Once he had a fit of palpitation by night, which lasted five minutes. All this again passed away.

Towards the end of May, a new set of phenomena appeared; "his head seemed to rise up, and grow bigger," though he never felt vertigo, nor the sensation of falling; then his sight became very dim,

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and, at times, when walking the street, it seemed as if the street rose before him; at other times he seemed to feel water trickling over the eyeballs, or saw threads hanging before them. At night, he would no sooner lay his head upon the pillow than he would become wide awake, and uncertain shapes and colors, and what looked like threads, would come before his sight, whether the room was light or dark. His mind was greatly depressed and apprehensive of evil.

For these troubles, he was treated by another physician for seven weeks, ending July 20th; he took, among other things, a large amount of bromide of potassium. The mental depression was really cured during this treatment, and the symptoms referable to the head mostly disappeared; but another set of symptoms, referred to the trunk and extremities, appeared, for the relief of which I was consulted, and which may be described together, although they appeared and disappeared in a capricious manner. Chief among this group was the tingling (which he incorrectly called "numbness") that had signified the onset of the disorder in January; this affected, at times, both hands and feet. In the early part of July, he felt as if a wet bandage had been tied about both legs, just below the knee; this sensation lasted a week. Lively formication was felt in the legs and arms. He was sometimes observed to twitch his shoulders, arms and eyelids unconsciously. To use his own words, "he experienced such a multiplicity of sensations about the head and shoulders as he could not describe, and, especially, the feeling of painful muscular fatigue, as if he had lifted too much, or had been beaten."

I saw him for the first time, July 27th. At that time his appetite was very good, and the nutritive and excretory functions seemed well performed. The record further states that "his countenance is neither pale nor flushed. His vision is moderately presbyopic; usually very clear; but of late it has been a good deal obscured. Sleeplessness has been a prominent symptom; he is frequently aroused from a commencing slumber, or in the middle of the night, by an active flow of ideas, by the phantasms already mentioned, or by an annoying fit of tingling in his arms and legs. There is no greater mental depression or incapacity than would naturally be expected from one in his circumstances."

It was noted that the following symptoms were *absent*, viz.:—impaired tactile sense in the hands, or numbness of the soles of the feet; muscular weakness or tremor; irregularity of gait, ataxia of arms or legs, severe neuralgic pains, impairment of the functions of the bladder or rectum; facial paresis, nystagmus, double vision, squint, &c.; scotoma, giddiness, vomiting. Hearing was normal. The absence of this class of symptoms, and the normal appearance of the fundus oculi when examined by the ophthalmoscope, justify us in considering the troublesome symptoms I have described as probably of purely functional origin.

I ordered bromide of potassium, fifteen grains three times a day, and dilute phosphoric acid, twelve, and afterwards fifteen minimis, three times a day. This he took for seventeen days. At the end of that time—

August 13th.—The numbness of the legs and arms was gone, except for a day or two a slight tingling of the toes and finger-tips. A dry, stinging sensation of the left side of the tongue, after eating, which formerly gave him much trouble, had returned within two or three days past. The dimness of vision was increased; the mental functions had lost something of clearness, and he felt depressed at the consciousness of it. He was ordered to suspend the use of medicine. A galvanic current from six cells was passed during four minutes from the back of the neck to the forehead, and he went home.

Next day, he said that "he had been light and easy in his mental functions since the administration of the current." On the day after, he said he had experienced unusual freedom of the head for three days past; the noises in his left ear had diminished, and the prickling in his hands and feet was entirely gone.

It should be stated that the weather had been excessively hot for many days, and still remained so.

No remedy was used except galvanism, which was applied three or four times in all, at intervals of two or three days. The patient left me on the 21st of August, feeling perfectly able to resume his labor; but the noise, confusion and heat of the confined work-room, with the considerable exertion required in handling his goose, brought back most of his old symptoms, and in two weeks I resumed the galvanic treatment, making a daily application until Sept. 16th (ten days in all). As to the method of application, the negative pole was held in the two hands alternately, and the positive was placed upon the forehead, the current from ten cells being employed. After four minutes of this, the negative pole being still retained in the hand, the positive was placed upon the vertex, or wherever he felt annoying sensations in his head, four minutes longer; making eight minutes in all. Each application was followed by relief from the dull, oppressive sensations in his head; this relief lasted from half an hour to several hours. At the eighth session, he said that his head was quite clear, but that the old tingling in his arms had again become very troublesome; I therefore directed the current from the cervical plexus to the hand for three minutes, both on the right side and on the left, after which the tingling disappeared entirely for three days. Sleeplessness, however, seemed to increase, and occasioned him great uneasiness; bromide of potassium, oxide of zinc, and fluid extract of opium seemed to fail to control it, but hydrate of chloral, in a dose of twenty grains, answered perfectly, and was accordingly continued, to his great comfort, for a week or more.

The subsequent treatment was as follows. First, the galvanism, as first described, was stopped; he said he thought it made him more

nervous, and it appeared to me also that no farther benefit was to be derived from that mode of application. A subsequent brief course of galvanization of the sympathetic and spinal column, however, was ventured upon, but seemed to have no perceptible effects. The use of chloral seemed very beneficial, up to a certain point; but he found, on attempting to leave it off, that he was totally unable to sleep. Ergot was given, in doses of thirty and forty drops of the fluid extract, for three days, with decidedly unfavorable results. Finally, all medicine was suspended, and he was directed to apply ice in a bladder to his head at night, and to have the spine rubbed briskly with ice night and morning. Under this treatment, the insomnia very quickly disappeared; and as for the other symptoms, the patient reports, on the 10th of December, two months later, that he can keep steadily at work, provided he has a quiet and wholesome room, that he sleeps well, and has but a slight tingling in the hand perhaps once a fortnight.

In summing up the therapeutics of the case, let me note that bromide of potassium can scarcely be said to have done good; that chloral served an excellent temporary purpose, when the bromide, as well as opium and zinc, entirely failed; and that the application of ice to the head and spine acted in the most decided and beneficial manner. Galvanism instantly relieved the pains and other less describable sensations about the head; it took away the tingling of the arms in a single session; but it seemed entirely incapable of producing sleep, although once or twice a slight temporary drowsiness followed its use.

I will now describe the phenomenon which I designated as peculiar, if not unique. The electrical treatment was commenced—as already described—by passing the current from six or ten cells from the back of the neck to the forehead of the patient, avoiding shock as far as possible. The sight of the left eye being dimmer than that of the right eye, I chose the left side of the forehead, moving the pole about over the skin. All at once, quite unexpectedly to me, he said that everything in the room looked brilliantly clear and distinct; and when I moved the pole away, or took it off, he said that the brilliancy (as he called it) had disappeared. I found that there was a spot, lying about three centimetres to the left of the median line, and the same distance above the superciliary ridge, which, when under the influence of the negative pole, produced this phenomenon; every other part of the forehead appearing quite indifferent. The experiment was repeated successfully on six or eight occasions, but finally, after he had recovered his health, it could not be reproduced. The phenomenon lasted only as long as the pole was in contact with the spot described. The positive pole did not produce the effect. The sympathetic nerve, in the neck, was brought under the influence of the current, but without producing any similar result. Dr. Wadsworth did me the honor to make a most careful ophthal-

moscopic examination of the eye, by the direct and the inverted image, while the eye was under the influence of the electric current as described, as well as before and after the experiment; but he was unable to perceive that any change occurred in the retina, or in the refractive functions of the media, nor could he detect anything abnormal in the appearance of the eye.

The origin of this phenomenon is certainly obscure. Yet we have a sort of clew to it in the fact, that the point of reaction lay just over the track of the supra-orbital nerve. Moreover, the symptoms of the patient were such as to point with the greatest probability to a disorder of the circulation in the brain, of a sort often brought on by mental strain and anxiety, to which he had been subjected; the vaso-motor system was in a state of functional derangement. Now, the supra-orbital nerve is a branch of the ophthalmic division of the fifth pair, which possesses connections with the carotid plexus of the sympathetic, as well as with the ophthalmic ganglion; and from the ophthalmic ganglion arise the short ciliary nerves which supply the ciliary muscles, which has considerable to do in regulating accommodation. Could the dimness of vision have been owing to a fault of accommodation, and may the relief have been due to a sensitive impulse, received by the ganglion from the supra-orbital, and reflected back through the ciliary nerves to the ciliary muscle? Against this theory must be urged the fact, that the iris was not affected while the current was passing, although the iris is supplied by the ciliary nerves; besides which, the clinical history makes the hypothesis of spasm of accommodation an improbable one. And if such an accommodative change had occurred, it would surely have been recognized by Dr. Wadsworth in the ophthalmoscopic examination. Again, the ophthalmic ganglion sends a filament to accompany the artery of the optic disk, and if a reflected action proceeded from this ganglion, we should rather expect to see the vessels of the retina affected, which was not the case during the ophthalmoscopic examination.

We may, therefore, consider the evidence as pointing to some other reflected action; and it seems to me that the phenomena may be consistently explained as follows. We know that a galvanic current passed through the terminal distributions of the fifth nerve will produce a perception of light. It is highly probable that this may depend solely upon the electric stimulation of these terminal filaments, and not upon chance currents which may reach the retina in roundabout ways. If this assumption be correct, the nervous stimulus ascends the fifth nerve to its origin in the medulla oblongata, and is thence probably transmitted to the tubercula quadrigemina. A similar order of things may have occurred in our patient. Only, he perceived no flash of light, as care was taken to prevent it, by the avoidance of anything like suddenness or shock in manipulating the electric current. The actual occurrence of improved vision during the passage of a continuous current of electricity deserves, by analogy,

gy, to be attributed to a reflex stimulus, originating in the supra-orbital nerve, and finally reaching the corpora quadrigemina; or, possibly, reflected still further, and producing a functional stimulus of the retina.

Progress in Medicine.

REPORT ON THERAPEUTICS.

By R. T. EDES, M.D. Harv.

[Concluded from p. 294.]

Digitalis.—Dr. Brunton and Dr. Meyer, each of whom has separately investigated the action of digitalis, publish, in the *Journal of Anatomy and Physiology* for November, 1872, the results of some researches made by them together in the physiological laboratory of Prof. Rosenthal, at Berlin. They conclude, both from the mean height of the blood pressure, the amplitude of the separate pulsations and the form of the curve of descent in the individual pulsation, that the rise of tension, after the administration of digitalis, is due to contraction of the arterioles hindering the flow of blood from the arteries. They criticize the paper of Boehm (see *Boston Medical and Surgical Journal*, Sept. 26, 1872) by saying that the blood pressure in mammals during diastole does not depend, as in frogs, simply upon the action of the heart, since, in the former, the arteries are shut off from the heart by the closure of the aortic valves at the beginning of the diastole, and, consequently, the pressure depends simply upon the elasticity of the larger arteries and the rapidity with which the blood can escape therefrom. They cannot, therefore, consider, as he does, that the rise in pressure is chiefly due to the increased action of the heart. They next attempted to ascertain whether the slowing of the pulse is due to a direct specific influence of the drug on the roots of the vagus, as supposed by one of them, or to the stimulation of these roots by the increased pressure of blood in the cranium, produced by the contraction of the arterioles, as supposed by the other. In order to do this, they diminished the blood pressure by the inhalation of nitrite of amyl, after it had become high, and the pulse slow from the injection of digitalin. If the slowing of the pulse were due to a specific action of the digitalin on the vagus roots, it ought to continue, although the pressure falls, but if due to stimulation of these roots by the high blood pressure, it should disappear whenever the pressure is reduced. Experiments showed that whenever the pressure fell after the inhalation of the nitrite of amyl, the pulse became quick. It might thus appear that the slowing is due, in part, at least, to the high pressure, and not altogether to a direct influence of the digitalis on the vagus.

They were not able to satisfy themselves as to whether digitalis causes contraction of the vessels by acting directly on their walls or on the vaso-motor centre.

Those who have read Dr. Fothergill's prize essay on digitalis will remember a very striking experiment in which vigor is restored by digitalis to the contractions of a heart (frog's) paralyzed and distended

with dark blood, under the action of aconite. This is used by the author to illustrate the action of digitalis in some forms of heart disease; but the antagonism here suggested seems to have found practical application in a case reported in the *British Medical Journal* for Dec. 21st, 1872, where a man had taken an ounce of Fleming's tincture of aconite. When the pulse had become irregular, intermittent, and finally imperceptible, and the condition of collapse well developed, twenty minims of tincture of digitalis were injected subcutaneously and galvanism applied to the cardiac region. He rallied in twenty minutes, and swallowed ammonia and brandy and a drachm of tincture of digitalis. His recovery was speedy and complete.

No. 48 of *Volkmann's Sammlung Klinische Vorträge* contains a very excellent resumé, by M. Ackermann, on the action of digitalis, physiologically and therapeutically.

Considerable space is given to the discussion of its action in lowering the temperature and in febrile diseases. The author concludes that, although the cooling action may be supposed due to its increasing the activity of the circulation through the skin, thus subjecting the warmer internal blood more rapidly to the cooling influence of the surface, yet its *modus operandi* is not fully made out, and he would, in consideration of this uncertainty and the dangers which the use of the drug may bring with it, be inclined either entirely to give up its use in febrile diseases, or to limit it to cases in which even the slightest muscular weakness of the heart can be with certainty excluded. In organic diseases of the heart, however, it is indispensable, and the digestive derangements which are so likely to accompany its use in fevers are not only absent, but are replaced by a positive tonic effect.

Hyoscyamia.—Dr. Oulmont, who, with Dr. Laurent, published some researches on the physiological action of hyoscyamia and daturia, in the *Archives de Physiologie* (vol. iii. p. 215-334), now presents in the *Bulletin de Thérapeutique* of Dec. 15th ult. (condensed in the *Practitioner*, Jan. 1873), his conclusions as to the therapeutic value of the former of these alkaloids. He concludes that hyoscyamia represents all the active principles of hyoscyamus.

It should be given, at first, in weak dose (one thirty-second grain, daily), either by pills or by hypodermic injection. We may gradually increase the dose to five or six times this quantity. (A marked case of poisoning is reported from the subcutaneous injection at one time of one-third of a grain.)

The remedy must be continued, even if there are slight symptoms of poisoning, such as dryness of the throat and dilated pupils. But if the symptoms become grave, we must suspend it. These symptoms are temporary and disappear in a few hours.

Hyoscyamia exerts a narcotic action on man. It is efficacious against pain, and particularly against neuralgia; but its power is less than that of opium and of belladonna.

It exerts a favorable action in spasmodic and convulsive neuroses. It cures mercurial trembling in cases where every other remedy had failed. It has produced a notable improvement in senile tremor and paralysis agitans. Its action in locomotor ataxy is null. In traumatic tetanus, although the patient died, this remedy produced a sufficiently notable remission of the symptoms to leave the question of its power still open, and to call for new experimentation.

African Arrow-Poison.—Dr. Thomas R. Fraser (*Jour. Anat. and Phys.*, Nov., 1872) has examined the action of a new arrow-poison which appears to be widely distributed in Africa. The plant is a woody climber, of the order apocynaceæ, and has been named *Strophanthus Kombé*. From the seeds, Dr. Fraser obtained an extract and an active principle for which he proposes the name *strophantin*. He believes that his preliminary investigation enables him to make the following statements: *Strophanthus* acts primarily upon the heart, and produces, as the final result of the action, paralysis of that organ, with permanence of the ventricular systole.

Pulmonary respiration continues in cold-blooded animals for several minutes after the heart is paralyzed. The striped muscles of the body are acted upon, twitches occur in them, their tonicity is exaggerated, and, finally, their functional activity is destroyed, the muscles being then hard, and, soon afterwards, acid in reaction. These changes are accomplished subsequently to the final effect on the heart. They are the result of a direct contact of the substance within the muscles themselves, and are independent of the action on the heart, as well as of any changes that occur in the physiological condition of the cerebro-spinal nervous system.

The reflex function of the spinal cord is suspended soon after the heart is paralyzed; but the motor conductivity of the spinal cord and of the nerve trunks continues after the striped muscles of the body are paralyzed. The lymph hearts of the frog continue to contract for many minutes after the blood heart has been paralyzed.

Messrs. Carville and Polaillon (*Lancet*, Dec. 14th) have made researches on the pahonim poison of Gaboon, probably the same with that just described, and arrived at similar results.

Conia.—Dr. I. Wilkie Burnam (*Practitioner*, Dec. 1872) details seven cases of acute mania treated by the subcutaneous injection of conia and morphia, and with favorable results so far as quieting maniacal excitement is concerned. As conia has not often been used hypodermically, it may be useful to state the method of preparation. Coniae, fl₃ij. m₁₂; acid. acet. fort., fl₃ij. m₁₀, or a sufficiency to cause neutrality; sp. vini rect. fl₃i; aq. dest. ad fl₃ij.; m₁ v. of solution = m₁j. of conia. The acid must be added cautiously, the mixture being tested from time to time with litmus paper to determine its reaction.

To this may be added an equal part of a solution of acetate of morphia (one-fourth grain in five minims). The result is a clear solution, of which five minims are equivalent to one-half minim of conia and one-eighth grain of acetate of morphia. Care should be exercised, especially in the use of new specimens of the alkaloid.

Camphor.—Dr. John Harley (*Practitioner*, Oct. 1872; *Jour. Anat. and Phys.*, Nov., 1872) describes some observations which appear to show that camphor acts with but little energy on man. So large a dose as thirty-five grains merely caused giddiness, followed, in thirty-five minutes, by a full, bounding, but not accelerated, pulse, by flushing of the cheeks, and by a little somnolency; all of which symptoms had nearly disappeared within two hours after the dose was administered. These results differ from those obtained by other experimenters, and it is probable that some difference in the conditions necessary to absorption may have been the cause of the discrepancy.

Bibliographical Notices.

Fistula, Hemorrhoids, Painful Ulcer, Prolapsus and other Diseases of the Rectum—their Diagnosis and Treatment. By WILLIAM ALLINGHAM. Second Edition, revised and enlarged. Philadelphia: Lindsay & Blakiston.

THIS book, admirable for simplicity, thoroughness and clearness, belongs to the same class as Peaslee's recent work on the Ovaries. Mr. Allingham proves that an immense deal of comfort can be given by intelligently treating disorders and lesions which are often slurred over, to the discredit of the profession and the discomfort of the public. "When diseases of the rectum are neglected, or when the surgeon prescribes confection of senna and gall ointment in every case, cures do not result. . . ." The opportunity (4000 consecutive cases) for observation which Mr. Allingham has had at St. Mark's Hospital for Fistula, in London, has been well improved. He divides fistula into three kinds—complete, blind external and blind internal. The details of the treatment of fistula need not be repeated in this JOURNAL; the excellent clinical lecture of Dr. Fifield, recently published, nearly exhausts the subject. Some cases are given to show that fistula may disappear spontaneously. In private practice, a few cases were cured by injections, but hospital patients cannot, as a rule, afford to give up several months to a course of treatment which may not be of the least benefit. Rest must be insisted on after the injection is made, and the sinus is more likely to heal when the external opening is at a distance from the sphincter. The importance of laying open *all* tributary sinuses is insisted on when cutting is done, and undermined overlapping edges of skin must be taken off. The mode of getting a piece of twine through a fistulous tract seems rather clumsy, and cutting through the fistula by gradually tightening the twine is not recommended as a favorite mode of treating fistula. Mr. Allingham finds that many fistulous patients have phthisis, and recommends operative interference in well-selected cases. He supports his opinion by cases cited at length. Throughout the work, particular modes of treatment and theories of disease are abundantly supported by detailed cases.

The subject of haemorrhoids is treated fully; they are divided into external and internal, and the latter into capillary, arterial and venous. Mr. Allingham prefers the ligature, *properly applied*, to any other mode of treatment of internal piles. It may not be out of place to describe his mode of proceeding. Having dragged down the haemorrhoid with a vulsellum, with a cut of the scissors separate the pile from its muscular and submucous connections, then tie at the bottom of the deep groove you have made. In 3210 cases of ligature, there has not been one followed by pyæmia. It seems as if Mr. Allingham must have some personal reason for opposing the clamp and cautery operation so strongly; he cites cases of pyæmia following cauterization, and condemns the operation in all cases quite bitterly. The writer does not know how generally Smith's clamp and the cautery have been used in Boston; we have, however, had several cases of pyæmia and death after the ligature of piles, and none after cauterization that have

been reported. Mr. Allingham is quite right in considering the pain after cauterization much more severe than after ligature, but the results of the former mode of treatment are very satisfactory. Haemorrhage after operations on piles is the subject of a long and carefully written chapter, and his method of effectually arresting alarming haemorrhage is worth describing. Pass a strong silk ligature through the apex of a bell-shaped sponge and bring it back again, so that the apex is held in a loop of thread. Wet the sponge, squeeze it dry and powder it well with persulphate of iron. Pass your forefinger into the bowel, and upon that as a guide push up the sponge, apex first, by means of a bougie or anything that is convenient. Carry the sponge up five inches, leaving the double thread hanging outside. Fill up the rectum below the sponge with cotton-wool powdered with iron or alum. When you have completely stuffed the bowel, take hold of the silk ligature attached to the sponge, and while with one hand you pull *down* the sponge, with the other hand push *up* the wool. This plug should remain in at least a week. A male catheter passed through the centre or by the side of the sponge before stuffing, will allow gas to pass out, if it is thought that this is necessary.

Fissure of the rectum is treated at length, and very thoroughly. The description of the structure and microscopic character of polypus of the rectum is very unsatisfactory, but the treatment is excellent. The chapter on ulceration of the rectum occupies about twenty-five pages, and is very thorough and clear. Many patients were cured quickly by complete rest in the recumbent position with milk diet. Non-cancerous stricture of the rectum and procidentia recti have each a chapter, and the treatment of both these diseases is marked by great good sense, good judgment and practical skill. In regard to the former, Mr. Allingham remarks:—"However you treat strictures of the rectum, you must be prepared for much disappointment; they are far more formidable than strictures of the urethra, take a longer time to cure, and are greatly more prone to relapse." The directions for performing lumbar colotomy in advanced cancer of the rectum are very clear. Mr. A. has performed the operation sixteen times, and has never regretted having done it. Rodent ulcer has a short chapter given to it, perhaps the least satisfactory in the book; the author's knowledge of pathological histology is not extensive, but his practical treatment is excellent. He does not hint at the probability of rodent ulcer being a form of epithelial cancer, a fact established by Dr. J. Collins Warren, in the very excellent monograph to which the Boylston Prize was awarded in 1872. There is no other book on regional surgery more plain and practical than this, and for any one without great experience to treat diseases of the rectum without having studied it would be very unwise.

J. H.

The Journal of Anatomy and Physiology. Conducted by G. M. HUMPHREY, M.D., F.R.S., and WM. TURNER, M.B. Second Series. No. xi. Nov., 1872. London: Macmillan & Co.

THIS, the first half of the seventh volume of an excellent journal, contains the usual variety of good articles on physiology and on human and comparative anatomy. The list of contributors to the preceding six volumes contains the name of almost every eminent

English anatomist, and their communications have shown how much good work is doing in England.

The celebrity which the German schools have obtained for patient and philosophical research has had one bad effect upon their younger followers, namely that of seeking to win honors by a hyper-accuracy in unimportant details which tends to confuse the subject and savors of pedantry. We do not find this fault with the English observers, whose descriptions are, as a rule, clear, short and readable. The papers on anatomy are, perhaps, as a rule, of more value than those on physiology, though the reports on the progress of the various departments of the latter science are very comprehensive. The reports on the progress of anatomy have been written, from the beginning, by Prof. Turner, while those on physiology have, at different times, been the work of Prof. Rutherford and of Drs. Gamgee, Fraser, Brunton and Ferrier.

English Midwives; their History and Prospects. By J. H. AVELING, M.D. London: J. & A. Churchill. 1872. 12mo. pp. 182.

We finished the reading of this book with feelings of disappointment and sadness—disappointment, that women when unopposed had so signally failed in a department of medical art for which they are generally supposed to be peculiarly fitted, if for any; sadness, that their possession of the practice resulted in so much human suffering and loss. And this work was written by a friend to their cause, for he says in his preface:—

“To arouse an interest in the midwives of this country—to show what misery may result from their ignorance—and to gain sympathy, advice and assistance, in endeavoring to raise them to a more refined and intellectual position, has induced him to present this little volume to English readers.”

That we may not seem to speak from personal prejudgment, we will quote from the *London Medical Times and Gazette*, adding, perhaps, a few italics. “He traces,” says the reviewer, “the midwife (i.e. with-woman) from the sixteenth century . . . up to the present date; and we are bound to confess that, with some few noble exceptions, the majority of these ladies seem to have been ignorant, overbearing busy-bodies, more adept at slandering the men midwives, and boasting of their own pretensions, than at mitigating human suffering and saving human life.”

“With the field all their own to start with, and with tongues scurilous enough to protect their monopoly, they have yet been beaten out of the field century after century, and compelled, by the verdict of the public, to acknowledge *their inability to practise successfully the higher branches of the art.*”

“The author instances the present ignorant condition of midwives as an argument for a better system of education for them; but, after a careful perusal of his work, we feel disposed to think that, if nearly four centuries have accomplished so little for them, *they had better yield with a good grace, and accept the humbler, but not less needed, duty of nurse, and leave the science and art of midwifery to those whose education and sterner intellect fit them especially for the practice of such anxious and responsible duties.*”

"We cannot do better than to quote the author's own words (p. 168). 'And thus closes the history of our English midwives, and of their ignorance and incompetence. A sad story of indifference and neglect, of petty jealousies and sordid interests, of murdered innocents, lost mothers and bereaved families.'"

"Thus far, it is evident we must either pursue a totally different method of instructing our midwives, as also of licensing, registration and supervision, or, what seems at present more advisable, educate them as nurses only, and thus put a *check to the frequent manifestations of ignorance and mismanagement* with which we are unfortunately only too familiar."

To these quotations of the reviewer, we feel constrained to add another from the author, who, after describing the furious opposition made to the practice of midwifery by men, thus sums up the whole story :—

"Accoucheurs are only now preferred to the midwives because they have been proven to possess greater skill, greater judgment, greater mildness, greater patience, and greater decorum." (p. 157.)

Five weighty reasons, surely; and this from a friend and true! What of other departments of medicine and surgery? v. s.

A Manual of Histology. STRICKER. American Edition, edited by Albert H. Buck. Pp. 1106. New York: William Wood & Co. 1872.

THE merit of *Stricker's Handbuch* is too well recognized to be dwelt upon. It will be long, we fear, before any collection of histological monographs worthy to be compared with it will make its first appearance in English. In the meantime, we must be satisfied with having men sufficiently well educated to translate it properly.

The first 406 pages are a reprint from Mr. Powers's translation for the New Sydenham Society, the remainder is the work of New York and Boston physicians. All have done their work so well that we would make no comparisons, but in consideration of the great difficulties which Meynert's paper on the brain presents, and of the importance of having, so far as the subject allows, a correct translation of it, we think we may congratulate Dr. J. J. Putnam on his success.

The book is valuable, not only to those who cannot read the original, but to those who, having pursued their histological studies in Germany, are often at a loss for a concise English equivalent to some rather technical German word. Our severest criticism is that the work is bound in one volume; it should have been in two.

The Ocean World. From the French of LOUIS FIGUER. New Edition, revised by E. Percival Wright, M.D. With 435 Illustrations. New York: Harper & Brothers. Pp. 656.

DR. WRIGHT is certainly to be congratulated on the success of his attempt to revise this work. It would, no doubt, as he says, have been easier and pleasanter for him to re-write it. He has preserved the wood-cuts and the attractive style which are about all in the original that was worth preserving, and has made it a pretty correct book, which will be interesting and instructive to those who wish for bright glimpses of science, but have neither time nor inclination for its serious study.

Notes on Asthma: its Nature, Forms and Treatment. By JOHN C. THOROWGOOD, M.D. Lond. Second Edition. Philadelphia: Lindsay and Blakiston. 1873.

THIS is a little work of 166 pages, and its scope may be inferred by the following partial transcript of its preface:—

“The reader of this book must bear in mind that it does not profess to be a systematic treatise on asthma. With such a work our profession has been already well supplied from the pen of the late Dr. Hyde Salter. . . .”

“The present work is based upon such notes of asthma, its forms and complications, as the author has been able to make during his ten years' service as Assistant-Physician to the Victoria-Park Hospital for Diseases of the Chest.”

Notwithstanding the modest announcement of the author, and the unpretentious character of the book, Dr. Thorowgood has written a really admirable treatise on the nature, forms and treatment of asthma, suited alike to the student and practitioner, and we heartily commend it to their notice.

BOOKS AND PAMPHLETS RECEIVED.

Diseases of the Urinary Organs, including Stricture of the Urethra, Affections of the Prostate and Stone in the Bladder. By JOHN W. T. GOULEY, M.D. With one hundred and three Wood Engravings. New York: William Wood & Co. 1873. Pp. 368. (For sale by A. Williams & Co.)

A Handbook of Post-mortem Examinations and of Morbid Anatomy. By FRANCIS DELAFIELD, M.D., Curator of Bellevue Hospital, &c. New York: William Wood & Co. 1873. Pp. 376. (For sale by A. Williams & Co.)

Wöhler's Outlines of Organic Chemistry. By RUDOLPH FITTIG, Ph.D., Nat.Sc.D. Translated from the Eighth German Edition, with additions, by IRA REMSEN, M.D., Ph.D. Philadelphia: Henry C. Lea. 1873. Pp. 530. (For sale by A. Williams & Co.)

The Science and Art of Surgery. By JOHN ERIC ERICHSEN. A new Edition, enlarged and carefully revised by the Author. 2 vols. Philadelphia: Henry C. Lea. 1873. (For sale by A. Williams & Co.)

Manual of Chemical Analysis as applied to the Examination of Medicinal Chemicals. A Guide for the Determination of their Identity and Quality, &c. By FREDERICK HOFFMAN, Ph.D., Pharmacist in New York. New York: D. Appleton & Co. 1873. Pp. 393. (For sale by A. Williams & Co.)

Lessons in Elementary Anatomy. By ST. GEORGE MIVART, F.R.S., &c., Lecturer on Comparative Anatomy at St. Mary's Hospital. London: Macmillan & Co. 1873. (For sale by A. Williams & Co.)

American Chemist. A Monthly Journal of Theoretical, Analytical and Technical Chemistry. Philadelphia. 1873. Vol. III. No. 8.

The Criminal Use of Proprietary or Advertised Nostrums. By ELY VAN DE WARKER, M.D. Syracuse, N. Y. Pp. 15.

VOL. LXXXVIII. NO. 13A

Reports of Medical Societies.

MIDDLESEX EAST DISTRICT MEDICAL SOCIETY. AZEL AMES, JR., M.D., SECRETARY.

JAN. 15, 1873.—The Society met with Dr. Clough, at Woburn. The President, Dr. Harlow, in the chair.

Dr. Ames read a paper on anomalous cases of "Herpes Zoster."

The Committee on Resolutions, appointed by the President to prepare resolves upon the death of Dr. Edward Gage, a member of the Society, reported the series already published in the JOURNAL. Remarks, warmly eulogistic of the deceased, were made by Drs. Clough, Holmes, Harlow and Cutter.

Dr. Cutter read the following paper:—

A Case illustrating the Use of the Laryngoscope.—On the 12th of January, 1873, at about two in the morning, the wife of Mr. F. L. Marsh was awakened by strange movements on the part of her husband. He was speechless and cold, and acted as in a fit of epilepsy. Mr. Marsh is a farmer, 42 years of age, enjoying perfect health, except a cold. A messenger was immediately despatched for the writer, stating the above in substance. Owing to my indisposition, Dr. Drew very kindly went in my place. He found the man had recovered himself—that he could talk, swallow without difficulty and breathe readily. He administered a quieting potion. Mr. Marsh noticed the disappearance of his false teeth. They were the upper middle and left lateral incisors—two in number. They were attached to a hard rubber plate, which fitted the concavity of the hard palate, and had pointed processes projecting between the interstices of the teeth. Dr. Drew examined the throat, but nothing was to be seen or felt. No one but the patient supposed that the plate and teeth could be in his throat. About nine in the morning, the writer saw him, summoned by an urgent message that the patient was choking up. The man was in bed, mouth open, drooling. Voice good. Respiration good. Swallowing good, but increasingly painful. After some slowness and hesitation, the patient dressed himself and was seated in a chair before a window, through which a clear, morning sun streamed. Direct inspection and palpation revealed nothing. The instant the laryngoscope was introduced, the two white teeth appeared unmistakably at the base of the tongue, between it and the epiglottis. I then took a long pair of esophagus forceps and easily got hold, but owing to the slippery nature of the plate, covered with saliva—and the firm manner in which it was held, both by the atmospheric suction and the lateral processes of the plate being imbedded into the lateral pharyngeal walls—the forceps slipped off without making any impression whatever. A second essay failed. I then bethought me of my modification of the ecraseur, devised for the removal of posterior pharyngeal polypi, which I fortunately brought with me, and which has been exhibited to the Society. A loop of projecting wire, about five-eighths of an inch in diameter, was bent round at a right angle. With this loop I fished till I caught a projecting portion, and then, I pulled so hard that the loop was straightened out, and the patient declared that he could not stand the pulling. I then removed the ecraseur, and the plate was almost immediately ejected upon the carpet—the whole time for diagnosis and removal being not

over three minutes. The plate proved to be two inches long, one inch and five-eighths wide at broadest part, and three-fourths of an inch height of arch. It formed an irregular triangle. The two teeth were at the apex. The processes on each side fastened it to the pharynx, and at each effort at deglutition only buried the deeper. The concavity of the plate fitted the convexity of the tongue, and the whole thing, wonderful as it seems, was buried between the epiglottis and the tongue. The ease of detection is due wholly to the laryngoscope; the facility of removal, to a sudden thought, vouchsafed when needed. Had worst come to worst, I was prepared to etherize, perform tracheotomy, and then, breaking up the plate, to have removed it piecemeal.

Sess. 19.—The Society met with Dr. Hodgdon, at Arlington. The President, Dr. Harlow, in the chair.

Dr. Cutter alluded to his recent success in securing a fine specimen of nephritic calculus of the uric acid variety. The patient had the usual symptoms, but received no relief, except from hot baths, which greatly alleviated the distress. The last attack was very severe, but yielded to the bath, and the next day the patient passed this calculus. There was no pain or soreness during the intervals between attacks, the pain being in the lumbar region, penis and testes.

Dr. Harlow presented fragmentary specimens of phosphatic calculi from a lady patient, from whom previous removal had been effected. Lime-impregnated water had been freely used by the patient for some years. The uterine sound and a common pair of forceps were the instruments used in the removal.

Dr. Hodgdon read, by appointment, a highly able and interesting paper on "The History and Uses of Fessaries," for which the thanks of the Society were returned.

Several varieties of fessaries were exhibited, a number among them being the inventions of members of the Society, Drs. Jordan and Cutter, and a discussion of their respective merits took place.

Dr. Chapin reported the sequel of the pregnancy in the case of incipient convulsions, simulating puerperal, previously reported. Delivery was effected at full term, without untoward symptoms, and the patient made a good recovery.

Nov. 13, 1872.—The Society met with the President, Dr. Harlow, at Woburn. The President in the chair.

Dr. Holmes read a paper giving an account of two cases of "Infantile Uterine Haemorrhage," a verbal statement of one of them having been given before.

Dr. Winsor requested information in regard to cases of early manifestation of sexual desire, relating a case of a boy, only 2 years of age, who exhibited a decided tendency in that direction.

Dr. Winsor also mentioned a case of labor in which he determined the presentation by external manipulation. In this case, the transverse uterine diameter was the greater, indicating twins or a transverse presentation. It proved the latter, requiring version.

Dr. Cutter read a paper on the "Pyriform Fossæ," newly described localities at the bottom of the pharynx:—

The introduction of the laryngoscope has opened up a new field of physical, physiological and pathological exploration, and, also, of course, has brought an addition to our nomenclature. This word is

one of them. It is applied to a locality at the bottom of the pharynx—one on the right side and one on the left. It lies to the posterior part and is of the shape of the body of a pear, hence the name. To understand its situation, it is well to remember that the larynx is nested in the pharynx like a small cup in a large one. It lies to the front. Above it rises the epiglottis, next the base of the tongue. A frenum in the median line connects the back part of the tongue with the front of the epiglottis. Two other frenæ connect each wing of the epiglottis, to the right and to the left, with the side of the pharynx. This arrangement of frenæ divides the space in front of the epiglottis into two fossæ called collectively the valleculæ. Back of the larynx is the mouth of the œsophagus. Except during deglutition, the œsophagus is puckered up and closed so as to be almost invisible. The posterior wall of the larynx, which is united with the anterior wall of the œsophagus, touches closely the post-pharyngeal wall, thus concealing the œsophageal opening. To the right and left of the inter-arytenoid band are spaces which form the openings of the pyriform fossæ; so that the fossa on the right is bounded in front by the right wing and frenum of the epiglottis, behind by the pharyngeal wall, outside by the same wall which curves around in front, and inside by the larynx and arytenoid cartilages. The fossa on the left is similarly bounded. The depth varies from about half an inch to one inch; the width varies. Sometimes it gapes open wide, showing a smooth, roundish bottom, of a whitish aspect. Sometimes it is so closed as to be difficult of inspection. The tissues composing the sides and bottom of the fossæ are loose and spongy, resembling that over the eyelids.

The lower outer back corners of the bottom of the pharynx are the most simple designations of the localities of the pyriform fossæ. In the act of deglutition, the larynx is drawn upwards and outwards by the muscles of the pillars of the soft palate mainly. The epiglottis is closed close down over the larynx, and the pyriform fossæ are obliterated, as it were.

Physiology.—These fossæ afford crypts or receptacles in which the secretions of the throat collect from above or below, preventing their running into the larynx, and irritating it, causing cough or spasm. When the fossæ are full of secretion, they run over, excite cough, and, when of some quantity, the secretions are readily expelled. They may be viewed as a sort of expectoration reservoirs, like the gall or urinary bladders.

Another office, they form spaces into which the arytenoid cartilage may shut back—sort of gate recesses, or “enclave,” in the locks of a canal—when the functions of phonation or cantation are not performed.

Pathological Conditions.—The pyriform fossæ are liable to disease, from the fact that when diseased secretions form above and run down the pharyngeal wall, they collect in these fossæ. In some cases, the tracks of these diseased secretions are marked by a path of linear ulcerated surface, sometimes straight, sometimes crooked, like the bed of a streamlet down a mountain side. The acridity is such that it seems to eat into the mucous membrane and plough it out by the loss of substance, the normal surface. Whether this is by a softening and washing away, or an actual solution of the mucous membrane, it is difficult to state. We see a similar action in cases of scarlatina, when the discharges run from the nostrils and burn off the skin almost like

an inorganic acid. At any rate, we find a similar condition of things in the pyriform fossa, as if nitric acid had been poured in. The mucous membrane is often denuded, leaving an ulcerated surface, ragged, rough and torn. In these cases, you often find one or both of the posterior pillars of the soft palate reddened, thickened and denuded. These often afford leading strings to the seat of difficulty.

Symptoms.—Sometimes there is considerable smarting and pain on swallowing, amounting almost to agony, so that the severest measures are welcomed and enjoyed, which in other individuals would be regarded as painful in the extreme. Allusion is made to scarification with knives until blood is discharged by the mouthful. There is also a dry, harassing cough, the ulceration feeling like a foreign substance, which instinct teaches to remove by cough. There is also a good deal of irritability of the throat—sometimes pain up by the ears. Usually, the patient can locate the spot by pressure just below the ends of the hyoid bone outside.

Diagnosis.—This is only made sure by means of the laryngoscope. A practised eye soon distinguishes the characteristic marks of the ulceration.

Treatment.—Topical stimulation by means of the nitrate of silver, chloride of gold, chloride of gold and sodium, and the liq. ferri persulphatis, U.S.P. The latter is a splendid agent. I am greatly indebted to Dr. G. L. Simmons, of Sacramento, Cal., for calling my especial attention to this agent. Also, scarification. In some cases this should be employed first.

Importance.—From my experience, I am led to conclude that these ulcerations are common, and hence have been led to write the present paper to call the attention of the profession to the ulceration of the pyriform fossæ. It is important that a careful diagnosis and exact treatment be made, as in this manner a large number of cases will be detected and much suffering prevented. Besides, there is no telling but that incurable diseases of the respiratory organs may be helped along by diseased conditions of the pyriform fossæ unchecked by topical medication.

Dr. Hodgdon reported the case of a woman, six months advanced in pregnancy, who determined to induce abortion herself. She succeeded by injecting oleum terebinth. into the os uteri, guiding the syringe with her own hand. The act was succeeded by pneumonia, from which she made a favorable recovery.

THE Indian Army Sanitary Commission states that "in fully developed *cholera*, verging towards, or already in, collapse, medicines were simply of no use." Recovery often follows collapse; but Indian medical experience proves that this recovery is rendered hopeless when *strong medicines*, such as large quantities of brandy and opium, are used. Such remedies are dangerous; yet, by carefully alleviating the symptoms by mild remedies—of which one of the best is simple cold water—by mild nourishment, and kind nursing, in a strictly recumbent position, many cases will recover which would, under different treatment, prove fatal.—*British Med. Journal*, Nov. 23, 1872, p. 585.

Boston Medical and Surgical Journal.

BOSTON: THURSDAY, MARCH 27, 1873.

We find, in the *Lancet* of February 1873, an account of a "fatal operation under nitrous oxide gas, by Mr. Browne Mason (read before the Odontological Society)." We have no doubt that, after a time, the English medical profession will arrive at a proper estimate both of ether and nitrous oxide. Ether will gradually win its way to public favor, while the use of nitrous oxide will be restricted to those cases of short duration, especially in dentistry, to which it is adapted. In the meantime, English experimenters are stumbling about in that imperfect light which existed in this community nearly a quarter of a century ago, but which has been now replaced by a full and clear understanding both of the theory, the practice and the accidents of anæsthesia, whether by ether or by nitrous oxide. For the relations of asphyxia to nitrous oxide inhalation, and for its danger, we have only to refer to articles long since published in this JOURNAL by Dr. H. J. Bigelow, in which it was stated that the chemical combination of the oxygen in the nitrous oxide was so intimate as to make it very doubtful whether the lungs could appropriate oxygen enough from this gas to maintain vitality. The experiments alluded to, especially in protracted inhalation of the laughing gas, were attended with more or less asphyxia. A tonic spasm of the muscles, including the vocal cords, which Dr. Brown-Séquard has pointed out as a familiar result of asphyxia by hanging, was cited by Dr. Bigelow as equally a result of asphyxia from want of oxygen during the process of anæsthesia by ether, and especially by nitrous oxide. The vocal cords once thus spasmodically closed, themselves become a fresh cause of asphyxia, which demands prompt attention. In such cases, although it is usually sufficient to suspend the inhalation, it is often essential to put the finger within the cheek, possibly to force open the mouth, to grasp the tongue with the towel and to draw it out. We have never known these expedients, promptly resorted to, to fail in reproducing healthy respiration.

With these preliminary remarks, it may be anticipated that we are about to express an opinion that, in the case above cited, death resulted from simple asphyxia; not as from the shock of chloroform by a peculiar and inherent poison, neither to be foreseen nor averted, but in a way which a familiarity with the anæsthetic process would have rendered next to impossible.

A healthy female of 38, with a view to some minor dental operation, was seated in a chair, her face turned up, and the gas administered. A wooden gag was inserted between the jaws on the right side. After half a dozen respirations, the pulse becoming less rapid, it was decided to "do without" the gas, and a spear-pointed instrument was now thrust into the exposed pulp cavity. But it was found that the patient declined to submit to this painful operation without anaesthesia. She became hysterical, so that, after ten minutes, the gag was replaced and the inhalation was resumed. It is stated that just before losing consciousness she pushed away the inhaler, and that it was replaced and the inhalation continued. But it may be mentioned that there is some doubt whether the patient had any more gas after thus rejecting the inhaler. At this time there was no blueness, and some fangs were extracted. In three quarters of a minute blueness of the face was seen, but no action was taken with regard to it, as the observer "had heard of this discolouration occurring at gas administrations. The symptoms now became alarming; the features appeared puffy and swollen, the eyeballs protruding, the breathing thick and stertorous, the point of the tongue thrust between the teeth, but no convulsive movements were visible. The pulse and the appearance of the pupils at this period were not observed, attention being paid to more urgent matters. An old attendant, who was in the room, exclaimed, 'Take out the gag; she is choking!' This was the first suspicion Dr. Pattinson had that anything was going wrong. The gag was then forcibly removed."

Those who are familiar with such matters will not be surprised that an old nurse or ward tender should have urged the removal of the gag. Such persons often acquire a very valuable rule of thumb experience. From this time the patient breathed no more. A tablespoonful of water was found at the back of the mouth, which had lodged there while it was dashed over the face, and the head was drawn forwards to allow it to run out. In about three minutes artificial respiration was set up, but in vain. The "countenance was dusky, face swollen, eyes projecting, tongue in the mouth, mouth open." A few "faint expiratory movements" were made, and "the pulse beat regularly till two minutes after all respiratory movements had ceased."

We have endeavored to give a fair abstract of this case, and submit it, without further comment, to our readers, many of whom, at least in this community, are experts in the matter of anaesthetic inhalation; but we are free to say that, for the reasons above mentioned, we believe that after a few minutes' inhalation, the danger is greater with nitrous oxide than with sulphuric ether, mingled, as the latter always is, with an abundance of free oxygen in the accompanying air.

The Physician and Pharmacist, Aug., 1872, has an account of a case of complete uterus bicornis, the septum extending into the one common cervix; pregnancy of the right horn; turning and extraction on account of pelvic contraction, the conjugate diameter measuring only two and a half inches. The case was communicated by Dr. Sell, Master of Obstetrics of the University of Vienna.

Prof. Carl Braun pronounced it the only case of complete uterus bicornis that he had seen in an extensive private and hospital practice of twenty years, including from seven to nine thousand cases which annually come under his observation in the wards of the General Hospital of Vienna.

The patient was a servant, *et. 31*. She states that she began to menstruate in her fourteenth year; that the menses recurred every three weeks, lasting from three to four days without pain. She never had any illness of moment, but physically she had always been weak.

In 1870, she aborted in the sixth month of pregnancy. She also stated that she had given birth to one child before, but her assertions were considered doubtful.

Jan. 31, 1872.—The patient was admitted into the General Hospital, and a pregnancy of nine lunar months was diagnosticated. In Douglas's space could be felt a moveable tumor which was firm, somewhat globular, and about the size of the fist.

Feb. 1st, the patient was presented at Prof. Braun's clinic. The tumor was still in Douglas's space, somewhat to the left; it felt elastic and as if containing fluid. It did not arise from the bone, as an examination per rectum proved. Its globular form, and the absence of similar masses in the neighborhood, excluded the supposition of its being a feculent accumulation. Fibroid growth and carcinoma were also excluded. The uterus was inclined to the right; the child was small; all the circumstances of the case indicated a nine months' pregnancy. Labor set in on the morning of Feb. 3d.

The cervix being dilated, the finger could be passed into the tumor, and when withdrawn several pieces of decomposed membranes followed. From the very foul smell of these shreds of tissue, it was supposed by the assistants that the tumor might be a carcinoma which had eaten through the wall of the uterus.

About 5 P.M., Prof. Braun, having taken charge of the case, remarked that he had never seen a medullary carcinoma in Douglas's space in a pregnant woman; it might at most be a gelatinous cancer.

The patient having been chloroformed, Prof. Braun proceeded to make a thorough examination, the os uteri being sufficiently dilated to admit three fingers. The following was the result: The soft tumor could no longer be found in Douglas's space; it was pushed into the abdominal cavity. The projecting promontory of the sacrum could now be felt, and the amount of pelvic contraction accurately ascertained. The true conjugate diameter was only two and a half inches. Above, and to the left of the cervix, was a cavity which the finger could penetrate. It was filled with a soft, spongy structure.

To the right could be felt the pregnant uterus. The membranes were ruptured, and the head presented at the upper strait. Prof. Braun pronounced the following as his diagnosis: That the case was

one of *uterus bicornis*, the soft tumor being the left horn; that the membranous shreds were portions of the decidua lining the unim-pregnated horn.

Owing to the narrowness of the pelvis, the delivery was an exceedingly difficult proceeding. The child was turned and traction made, but the head could not be delivered. An unsuccessful attempt was made to apply the forceps. Finally, after another and more powerful effort had been made to deliver by traction, a female child was born. Its length was nineteen inches; its weight four (Vienna) pounds, fourteen ounces. It was deeply asphyxiated, but after prolonged efforts it breathed fully. It was found necessary to extract the placenta. A slight laceration was found on the right side of the cervix, and an abrasion on the vulva; otherwise there was no injury.

The uterus contracted firmly after the removal of the placenta, and it was now impossible to reach the left horn with the finger. It could, however, be felt through the upper part of the vaginal wall, as large as the pregnant uterus of two months.

The patient was discharged on the fourteenth day.

ORIGIN OF PUS CORPUSCLES (Hoffman).—It seems now pretty well established that the statement formerly made by Virchow, that the connective tissue is the one source of all inflammatory cells, was too wide, and that pus corpuscles are, in part, at least, derived from the white blood corpuscles. The next step, of course, is to the opposite extreme from that of Virchow, namely, to assert that the connective tissue takes no part in the production of pus corpuscles, and this extreme Cohnheim was not slow to reach. The present paper aims at a solution of the question in an experimental manner. The plan of the author's experiments was to charge the connective tissue of a living animal with vermillion-granules, and then to cause suppuration to be set up; and now if vermillion were found in the pus corpuscles it would be inferred that the latter arose from the connective tissue, and if not, that the contrary was the case. He found that when vermillion was injected into the vessels of a rabbit, it could be made to collect in considerable quantity within the connective tissue-cells of a given part, by irritating the part. Having thus got the connective tissue charged, he excised a portion of the tissue, and so induced suppuration, and found that the pus corpuscles contained no vermillion-granules. He concludes, therefore, that the fixed connective-tissue corpuscles do not take part in the formation of pus corpuscles, and that, as Cohnheim asserts, no source of pus corpuscles except the blood has yet been proved.—*Glasgow Medical Journal.*

A NEW METHOD OF CHANGING THE DIRECTION OF WILD HAIRS. By Prof. JULIAN J. CHISHOLM, M.D. (*Richmond and Louisville Med. Journal*, August, 1872.)—The best planned operation to correct the annoyance of inturning eyelashes often fails to afford the desired relief. The constant pulling out of these wild hairs not only insures their rapid growth, but increases the tendency of the lashes to deviate from their normal direction.

Prof. Chisholm made use of the following method of relief in a patient who for twenty years had assiduously pulled out the inturning eyelashes. When he presented himself for relief, the entire ciliary border of each eye was turned in upon the eyeball, so that the cornea had become completely opaque from the perpetual irritation of the hairs. In the right eye, a few lashes of the upper lid were turned in upon the cornea, threatening, in time, to destroy its transparency also. Upon this lid the following operation was practised, to make these hairs grow away from the eyeball and resume their normal direction. "A very fine curved needle was threaded with a double strand of fine silk; the point of the needle was then entered upon the tarsal border of the lid, at the very spot where the respective hair emerged from the lid-surface, and, being pushed outward, the front of the needle made its appearance through the skin just above the row of eye-lashes. When the needle had traversed the lid, the double thread, with a noose at its free extremity, was drawn upon until the noose was ready to disappear in the lid-tissues. The wild hair was now pushed gently through this noose, and, as the thread was drawn upon until it escaped from the cutaneous surface of the lid, it drew the vicious hair in the same direction, leaving it still attached to its hair-bulb (for this is all important), but drawn completely through the free border of the lid in a passage made for it by the needle, the point of the hair sticking out in front through the needle puncture. The *rationale* of the operation is, that the hair drawn through the lid will, by constant traction in its growth, change the position of the hair-bulb, and in this way correct the wild direction which it formerly took, to the serious injury of the patient."

STRUCTURAL COMPOSITION OF URINARY CALCULI.—*The Lancet*, Feb. 15, 1873, notices a paper on this subject by Dr. Carter. The plan adopted was to submit fragments taken from the real or apparent nuclei, and from succeeding layer and crust of the nuclei examined, to the scrutiny of average optical powers, the highest being 300 diameters. Chemical tests were used conjointly for the purpose of detection or confirmation. The microscopical analysis was found to be more delicate than the simple chemical method. No urinary deposit long retains an unmixed character. The author discovered the frequent presence of urates in a globular form at the very beginning of the concretions. To this origin all varieties of calculous deposit may succeed. The next most common ingredient of the nucleus is oxalate of lime, in a form not generally recognized, viz., as large, rhombic crystals. Comparatively, seldom was the nucleus found to consist of uric acid crystals. Evidence was likewise elicited of the operation of known physical influence in determining the form which these globular and granular urates, commonly associated with oxalate of lime, assume in connection with stone. Dr. Carter refers to the modifying influence of a colloid medium upon the process of crystallization, as illustrated in Mr. Rainey's researches, and he concludes that urinary calculi should not be classed with ordinary concretions or mere mineral masses, although it is not evident that the animal basis of calculus, essential though it be, presents or retains a strictly cellular character.

Medical Miscellany.

ICTHYORNIS DISPAR is the name given by Prof. Marsh to a newly discovered fossil having ornithic, piscine and reptilian affinities!

A USEFUL form of disinfectant has been recently brought into use in England, namely, sawdust soaked in a saturated solution of carbolic acid. It is convenient for many purposes, cheap, easily prepared, and not liable to be swallowed accidentally, as ordinary liquid disinfectants are.

"ASYLUM AMENITIES."—Injuries inflicted upon patients in Insane Hospitals are generally the result of an inadequate number of servants in immediate attendance on the inmates. With a sufficient number of attendants always present, the most perverse patient, perceiving non-compliance utterly useless, will quietly submit. "Such was Conoly's advice thirty years ago."

TRANSPLANTING A TOOTH.—Dr. Gerhart, in the *Dental Times*, records a case in which a boy's tooth was knocked out, carried in the pocket twenty-four hours, and then replaced in its socket. At the end of four months, this tooth looked as well as any of the boy's teeth, although it was necessary at the end of two months to devitalize it and pivot the root.

DIGITALIS AN ANAPHRODISIAC.—M. Gourvat, in the course of a paper published in the *Gaz. Med. de Paris*, on the action of digitalis, says:—"When digitalis, or digitaline, is administered for some time to a man in full possession of sexual powers, these become gradually weakened, the propensities disappear, formation of the liquor seminis diminishes, and may at last cease altogether. The anaphrodisiac properties of the drug are the secret of its good effect in spermatorrhœa."

PATHOLOGY OF SPEECH.—Speaking of the recent attempt to exclude Greek from the medical matriculation examination at the University of London, the *Lancet* says:—"There is no reason why a work on the pathology of tumors should incidentally illustrate to the linguist the pathology of speech; while, in the interests of professional culture, it is well that the physician and surgeon should not be inferior to the barrister or the divine in the acquisition that has always been prized in proportion to the refinement of the community."

On the same subject, the *Medical Times and Gazette* says:—"Nor can it be denied that classical education produces salutary results on the classes who can obtain it, and we do not hesitate to pronounce our opinion that the reputation enjoyed by clergymen and barristers, more than by members of our own profession, is owing, in a very large degree, to the various elements of their more classical education. . . . We may add that no man can know English thoroughly without some degree of acquaintance with Greek; nor is it easy to see how one ignorant of that language is to pick his way safely among scientific terms, which bristle with Greek roots in all directions."

ANOTHER LECTURE BY DR. BROWN-SEQUARD.—It will be remembered that, a few months ago, Dr. Brown-Séquard gave a lecture before the physicians of Boston and vicinity on the Symptoms of Diseases of the Brain, in which he enunciated his latest opinions concerning their origin and signification. Time, however, did not allow of more than an allusion to several important points, and Dr. Séquard promised his best endeavors to give a supplementary lecture on a future occasion. We are happy to be able to announce that this lecture will be given on Saturday evening, April 5th, at 8 o'clock, in the building of the Boston Society of Natural History. The subject will be the Mechanism of Production of Symptoms of Diseases of the Brain, and the Conclusions to be drawn from the Knowledge of that Mechanism for the Treatment of those Diseases.

THE *British Medical Journal*, noticing the prosecution of indecent quacks, says:—

“From the Deputy Recorder’s charge in the recent case of Davidson and others connected with Kahn’s museum, it is now clear that the indiscriminate circulation of a work treating of matters of an indecent kind is an obscene libel. Henceforth it will be easy to obtain convictions for this offence; and we trust that those who see the importance of putting down the disgraceful nuisance of indecent quasi-medical pamphlets will subscribe to the Quacks Prosecution Fund, not only to relieve the Society of its present liability, but to assist in future undertakings. Subscriptions may be sent to the Secretary, Society for the Suppression of Vice, 23 Lincoln’s Inn Fields, W. C.”

We regret that there are no means of punishing numerous instances of a similar kind in this city.

NOTES AND QUERIES.

ABORTIFACIENTS—WHAT ARE THEY?—According to the *London Lancet* a physician in Syracuse, U. S. A., has experimented upon *himself* with “abortifacients”; perhaps he may now tell us, from his own personal experience, what drug has the power to produce abortion.

MIDWIFE.

RE-UNION OF DISSEVERED PARTS.—A NUT FOR “HAY-CUTTER.”—The newspapers describe “a remarkable surgical operation at Leipzig”; being “nothing less than the transfer of a dead man’s brain to the skull of a living subject. The ‘vile body’ upon which this experiment was made was furnished in the person of a Prussian soldier condemned to death by military law for the murder of his colonel. The brain for transplantation was supplied by a good-natured saloon-keeper, who conveniently died in hospital of a disease of the heart. The process was naturally one of great delicacy. The condemned soldier was etherized in anticipation of the saloon-keeper’s death, and dexterously scalped; and, as soon as the latter had comfortably yielded up his life, he was promptly laid upon an adjoining operating table, the two skulls were neatly uncapped and a transfer of brain effected. Such is the skill of the Leipzig surgeons, and such the excellence of modern scientific appliances, that no blood was lost, the brain fitted its bony casket to a nicety, the veins, arteries and nerves made connections, and the soldier was in a few weeks as lively as ever, save a slight soreness about the crown of his head. The only failure was in the approximation of the nerves of sight and of smell, leaving the soldier with the saloon-keeper’s brain deficient in two senses.”

Furthermore, “with the brain of the saloon-keeper there passed into the person of the soldier not only the knowledge of beer and of wine, with trade prices and an intimate acquaintance of sales and profits, but the amiable disposition and the homely peaceableness that distinguished that worthy victim of heart disease.”

To triumph! Who shall foretell the future of science! Doubters avant!

SCALPEL.

MORTALITY IN MASSACHUSETTS.—*Deaths in fifteen Cities and Towns for the week ending March 15, 1873.*

Boston, 174—Charlestown, 18—Worcester, 11—Lowell, 11—Milford, 4—Cambridge, 17—Salem, 4—Lawrence, 5—Springfield, 5—Gloucester, 8—Fitchburg, 4—Newburyport, 3—Somerville, 5—Fall River, 26—Haverhill, 4. Total, 299.

Prevalent Diseases.—Consumption, 45—pneumonia, 29—scarlet fever, 12—croup and diphtheria, 11.

Nine deaths from smallpox are reported:—Four in Boston, three in Charlestown, and two in Gloucester.

GEORGE DERBY, M.D.,
Secretary of the State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, March 22d, 178. Males, 96; females, 82. Accident, 5—apoplexy, 5—Inflammation of the bowels, 1—bronchitis, 5—congestion of the brain, 2—disease of the brain, 7—cancer, 5—cerebro-spinal meningitis, 10—cyanosis, 1—consumption, 35—convulsions, 8—croup, 2—debility, 3—diarrhoea, 1—drophy of the brain, 2—diabetes, 1—executed, 1—scarlet fever, 16—typhoid fever, 3—gastritis, 2—disease of the heart, 7—jaundice, 1—disease of the kidneys, 3—disease of the liver, 2—congestion of the lungs, 5—Inflammation of the lungs, 13—marasmus, 2—malformation, 1—old age, 6—paralysis, 2—pleurisy, 1—premature birth, 4—puerperal disease, 3—rheumatism, 1—smallpox, 6—suicide, 1—teething, 1—tumor, 3—unknown, 1.

Under 5 years of age, 62—between 5 and 20 years, 20—between 20 and 40 years, 41—between 40 and 60 years, 32—over 60 years, 23. Born in the United States, 122—Ireland, 41—other places, 15.